2006 FOR PROFIT CORPORATION

SIGNATURE: (

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Mar 24, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000153317** 03-24-2006 90037 004 ***158.75 SITE SELECTION & MEETING CONSULTANTS, INC. Mailing Address Principal Place of Business 163 TRINIDAD ST 50005497 163 TRINIDAD ST NAPLES, FL 34113 NAPLES, FL 34113 02202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 80-1121353 86-1121353 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAY, REGINA T DO NOT WRITE 163 TRINIDAD ST NAPLES, FL 34113 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DAY, REGINA T NAME STREET ADDRESS 163 TRINIDAD ST NAPLES, FL 34113 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - -- -STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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